

INVENTOR INFORMATION

Inventor One Given Name:: J. Alexander
Family Name:: Marchosky
Postal Address Line One:: 224 S. Woods Mill Road
City:: Chesterfield
State or Province:: MO
Postal or Zip Code:: 63017
City of Residence:: Chesterfield
State or Prov. of Residence:: MO
Country of Residence:: US
Citizenship Country:: US

Inventor Two Given Name::
Family Name::
Name Suffix::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::

Inventor Three Given Name::
Family Name::
Name Suffix::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 000321

APPLICATION INFORMATION

Title Line One:: PATIENT-CONTROLLED AUTOMATED MEDICAL
Title Line Two:: RECORD, DIAGNOSIS, AND TREATMENT
Title Line Three:: SYSTEM AND METHOD
Total Drawing Sheets:: 11
Formal Drawings:: Yes
Application Type:: Utility
Docket Number:: JMA 2976.1

REPRESENTATIVE INFORMATION

Representative Customer Number:: 000321

CONTINUITY INFORMATION

This application is a:: Non Prov. of Provisional

___Application One:: 60/219,773
Filing Date:: July 20, 2000

which is a:: **Choose one:** Division of; Continuation
of; Continuation in Part of; Non Prov.
of Provisional; 371 of; Reissue of;
Continuing Reissue of; Substitute for;
Reexamination of
___Application Two:: S.N. (use ">" to designate generation)
Filing Date:: no more than 20 characters in any format

which is a:: **Choose one:** Division of; Continuation
of; Continuation in Part of; Non Prov.
of Provisional; 371 of; Reissue of;
Continuing Reissue of; Substitute for;
Reexamination of
___Application Three:: S.N. (use ">" to designate generation)
Filing Date:: no more than 20 characters in any format
Patent Number:: no more than 13 characters

PRIOR FOREIGN APPLICATIONS

Foreign Application One:: no more than 15 characters
Filing Date:: no more than 20 characters
Country:: type out name of country
Priority Claimed?:: type "Yes" or "No"